

**Emergency Request to Change RFA Capacity**  
**or Reactivate an Inactive RFA Home**

This request is to increase capacity or reactivate an inactive RFA home for the specific placement of child(ren) (Name)\_\_\_\_\_ (DOB) \_\_\_\_\_ who is/are in need of an emergency placement. As the SCSW for the child(ren), I am requesting that the capacity of the approved Resource Parent: (Name)\_\_\_\_\_ be \_\_\_\_\_ increased temporarily until a full assessment can be completed or \_\_\_\_\_ be reactivated. I understand that if the full assessment finds that the Resource Family Support Division cannot increase the capacity or reactivate the placement for safety reasons, the child(ren) may need to be replaced.

**Reason for request (check all that apply):**

- The resource parent is a relative or NREFM
- The home has the child/ren's siblings and this will allow them to be placed together

My staff have contacted all the CSWs who have children placed in this home (or my CSW is responsible for all the children in the home) and these CSWs do not see any risk to the other children if the above named child(ren) is placed in the home.

Yes \_\_\_\_\_ Unable to Reach. Date attempted \_\_\_\_\_

My staff have contacted the Resource Family Support CSW (Name)\_\_\_\_\_ on (Date) \_\_\_\_\_, and this CSW is not opposed to the placement of the above named child(ren) in the home.

Yes \_\_\_\_\_ Unable to Reach. Date attempted \_\_\_\_\_

The placing CSW assessed this Resource Parent based on the emergency placement criteria to determine suitability to care for the above named child(ren). I support placing the child(ren) in this home.

**SCSW Name:** \_\_\_\_\_ **SCSW Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ARA Signature needed if (Check all that apply):**

- Current RFA approval is Child Specific
- Placement of these children will result in over 6 children in the home
- Placement of these children will result in more than 2 children receiving a specialized rate
- Placement of these children will result in more than 2 children under the age of 3-years-old

**ARA Name:** \_\_\_\_\_ **ARA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_